

HR 6201, the Families First Coronavirus Response Act bolsters the federal government's response to the coronavirus outbreak. It guarantees free coronavirus testing, secures paid emergency leave, enhances unemployment insurance, strengthens food security initiatives, and increases federal Medicaid funding to states. Here are the specifics:

- \$500 million to the Special Supplemental Nutrition Program for Woman Infants and Children (WIC) to provide access to nutritious foods to low-income pregnant women or mothers with young children who lose their jobs or are laid off due to the COVID-19 emergency
- \$400 million to the Emergency Food Assistance Program (TEFAP) to assist local food banks to meet increased demand for low-income Americans during the emergency. \$300 million is for the purchase of nutritious foods and \$100 million is to support the storage and distribution of the foods
- \$82 million for the Department of Defense to cover the costs of COVID-19 diagnostic testing for beneficiaries receiving care through the Defense Health Program
- \$15 million for the IRS to implement tax credits for paid sick and paid family and medical leave
- \$64 million for the Indian Health Service to cover the costs of COVID-19 diagnostic testing for Native Americans receiving care through the Indian Health Service or through an Urban Indian Health Organization
- \$250 million for the Senior Nutrition program in the Administration for Community Living to provide approximately 25 million additional home-delivered and pre-packaged meals to low-income seniors who depend on Senior Nutrition programs in their communities, as well as for seniors who are home-bound, disabled, have multiple chronic illnesses and their caregivers
- \$1 billion for the National Disaster Medical System to reimburse the costs of COVID-19 diagnostic testing and services provided to individuals without health insurance
- \$60 million for the Department of Veteran Affairs to cover the costs of COVID-19 diagnostic testing for veterans receiving care through Medical Services or through Medical Community Care
- \$1 billion in emergency grants to states for activities related to processing and paying unemployment insurance benefits, under certain conditions
 - \$500 million to provide immediate additional funding to all states for staffing, technology, systems, and other administrative costs, so long as they met basic requirements about ensuring access to earned benefits for eligible workers
 - \$500 million reserved for emergency grants to states which experienced at least a 10 percent increase in unemployment
- HR 6201 also:
 - Provides the Secretary of Agriculture with the authority to waive administrative requirements that are barriers to serving WIC participants during the coronavirus outbreak.
 - Suspends the work and work training requirements for SNAP during this crisis.
 - Provides employees of employers with fewer than 500 employees and government employers, who have been on the job for at least 30 days, with the right take up to 12 weeks of job-protected leave under the Family and Medical Leave Act

- Requires employers with fewer than 500 employees and government employers to provide employees two weeks of paid sick leave, paid at the employee's regular rate, to quarantine or seek a diagnosis or preventive care for coronavirus; or paid at two-thirds the employee's regular rate to care for a family member for such purposes or to care for a child whose school has closed, or child care provider is unavailable, due to the coronavirus
- Requires private health plans to provide coverage for COVID-19 diagnostic testing, including the cost of a provider, urgent care center and emergency room visits in order to receive testing. Coverage must be provided at no cost to the consumer
- Requires Medicare Part B to cover beneficiary cost-sharing for provider visits during which a COVID-19 diagnostic test is administered or ordered. Medicare Part B currently covers the COVID-19 diagnostic test with no beneficiary cost-sharing
- Requires Medicare Advantage to provide coverage for COVID-19 diagnostic testing, including the associated cost of the visit in order to receive testing. Coverage must be provided at no cost to the beneficiary
- Requires Medicaid to provide coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing. Coverage must be provided at no cost to the beneficiary
- Ensures that individuals enrolled in TRICARE, covered veterans, and federal workers have coverage for COVID-19 diagnostic testing without cost-sharing
- Ensures that American Indians and Alaskan Natives do not experience cost sharing for COVID-19 testing, including those referred for care away from an Indian Health Service or tribal health care facility
- Makes a technical change to the Medicare telehealth provision of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) to ensure that new Medicare beneficiaries are able to access telehealth services under the emergency authority granted to the Secretary
- Provides refundable tax credits for qualified sick leave and family leave

For more details about HR 6201, please read:

<https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Families%20First%20Summary%20FINAL.pdf>